



777 Bay Street, Suite 2100,
 Toronto, Ontario M5G 2N4
 FAX: (416) 341-0261

GUARANTEED INVESTMENT PURCHASE FORM

#204E-3/99

USE THIS FORM TO:

- Purchase M.R.S. Trust Company GICs in MRS Accounts, or
- Purchase other company's eligible GICs/GIAs as indicated in the most recent MRS List of Eligible Funds and Guaranteed Investments in MRS Accounts

1. Client Information

<input type="checkbox"/>	1-Mr.	2-Mrs.		_____	SIN (MANDATORY)	_____	MRS ACCOUNT # (IF EXISTING)
<input type="checkbox"/>	3-Miss	4-Ms.		_____	FIRST NAME	_____	INITIALS
<input type="checkbox"/>	5-Dr.	6-Prof.	LAST NAME	_____			

2. Guaranteed Investment Information – GICs / GIAs

PRINCIPAL: \$ _____ TERM (YEARS): _____ RATE: _____ %

INTEREST PAYMENT FREQUENCY: PAID ANNUALLY OR COMPOUNDED TO MATURITY

NAME OF INSTITUTION: _____

AGENT CODE (AT ISSUING INSTITUTION): _____

BRANCH ADDRESS: _____

CONTACT NAME: (Required if rate has been guaranteed by issuing institution) _____

() _____ () _____ EMAIL ADDRESS _____

PHONE NUMBER FAX NUMBER

PRINCIPAL: \$ _____ TERM (YEARS): _____ RATE: _____ %

INTEREST PAYMENT FREQUENCY: PAID ANNUALLY OR COMPOUNDED TO MATURITY

NAME OF INSTITUTION: _____

AGENT CODE (AT ISSUING INSTITUTION): _____

BRANCH ADDRESS: _____

CONTACT NAME: (Required if rate has been guaranteed by issuing institution) _____

() _____ () _____ EMAIL ADDRESS _____

PHONE NUMBER FAX NUMBER

Please note, rates can change without notice. Please provide contact name if your rate has been guaranteed by the issuing institution. MRS does not guarantee rates.
 Branch information is only required if you want the GIC/GIA placed with a specific branch of the issuing institution.

3. Dealer / Financial Advisor Information

_____ _____ _____ _____	DEALER #	_____	DEALER NAME (PLEASE PRINT)	_____ _____ _____ _____	REPRESENTATIVE #	_____	FINANCIAL ADVISOR NAME (PLEASE PRINT)
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4. Signatures

_____	CLIENT'S SIGNATURE	_____	FINANCIAL ADVISOR'S SIGNATURE
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